

Wyoming Prevention Framework Community Grant Report

Attachment B

This report is for this time period

February 2007 - June 30, 2007

Please email this report as an **attachment** to...
Substance Abuse & Mental Health Services Division,
Wyo Dept. of Health
lisa.laake@health.wyo.gov

For information call 1-800-535-4006
or 307-777-6494

Today's Date

County

Contract Organization Name

Your Name

Your Mailing Address

City, State, Zip

Your Work Phone Number

Fax

Your Work Email Address

5/15/2007

Sublette

High Country Counseling and Resource Centers

Robena Downie

PO BOX 932

Pinedale, Wyoming 82941

307-367-2111

307-367-2166

sublette.prevention@gmail.com

Please keep both a hard-copy and file copy for your records

| Item | Contract Deliverables | Date due | Percent Completed (or notes on amount completed) | Date Completed | Comments or Notes |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------|
| A Staff, Board of Directors, Volunteers, Work Assignments, and Technical Assistance | | | | | |
| 1 | SPF Staff Hired (report name, percent of time, email address, phone number) | 1-Feb-07 | 75% | Not Complete | We had difficulty in hiring and in having qualified people apply. We hope to have the new person start June 1. |
| 2 | Supervise SPF staff/staff evaluation (note dates and any notes) | | 0% | Not Complete | There have been no staff reviews or evaluations. |
| 3 | Name, title, and phone number of the staff's supervisor | | | | See Above. |
| 4 | Criminal history record compliance (briefly note yes or no if any action was taken this quarter--do not report names) | | 100% | | All Currents staff have had criminal history background checks. |
| 5 | Staff training and paid travel | | | | |
| | (list all training paid under the contract, dates, traveler name, amount) | Needs Assessment Winter Training | | | Robena Downie, Travel to Casper on March 4-7. |
| 6 | Notify the Division of any board of directors/staffing changes | | | | There have been no staffing changes. |
| 7 | Other Contract Work Agreements (report details) | | | | |
| 8 | Complete agreement with SPF-TAC | | | | |
| 9 | Other | | | | |

B Needs Assessment Activities

| | | | | | |
|---|---------------------------------------------|-------------------|------|--|--|
| 1 | Needs Assessment Training/Winter 07 Meeting | Feb or March 2007 | 100% | | |
| 2 | Needs Assessment Instrument Received | Feb or March 2007 | 100% | | |
| 3 | Data Collection | | 100% | | |
| 4 | Data Analysis | | 85% | | |
| 5 | Priorities Identified | | 50% | | |
| 6 | Needs Assessment Sent to SAD | 1-Jun-07 | | | |
| 7 | Receive SAD Comments @ Needs Assessment | 15-Jun-07 | | | |
| | Revise Needs Assess/Submit Final | | | | |
| 8 | Other | | | | |

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|----------------------------------------------|----------------------------------------------------------------------|----------|-------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C Community Infrastructure Activities | | | | | |
| 1 | Community Advisory Council Activities briefly list CAC activities | | | | The community advisory council has been working on the town hall meetings, and also other prevention projects that have been funded from sources other than this grant, such as a social norming campaign centered around underage drinking and an anti-bullying campaign. |

| | | | | | |
|---|-----------------------------------------------------------------------------------------------------------------------------|--------|------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 | Community Advisory Council Meetings List dates & number of people who attended <i>See below for membership report</i> | | | | Meetings February 8 Pinedale, 5 attended, February 28, Big Piney 5 attended, March 15 Pinedale, 4 attended, March 29 Big Piney three attended, April 14 Pinedale, 6 attended, April 19 Pinedale Town Hall six attended, April 26 Big Piney Town Hall, two attended. |
| 3 | Budget and Funding Approved by CAC (attach minutes) | Feb-07 | 100% | Feb-07 | See attached file. |
| 4 | Community Resource Assessment note date and attach report | | | | Unsure what is to be attached here. |
| 5 | Present Findings/Process to Community | | | | Findings scheduled to be announced in June |
| 6 | (Optional) local SAPST and/or CADCA Training for SAC/Community | | | | |
| 7 | Briefly describe how the community was involved in the SPF process during this reporting period | | | | The community was mostly involved with the Needs Assessment Workbook process, and especially with the town hall meeting. |
| 8 | Other CAC/Infrastructure | | | | |

D Strategic Planning Activity

| | | | | | |
|--|-----------------------------------------------|-----------|---|--|--|
| | Attend Strategic Planning Training | Jul-07 | 0 | | |
| | Receive Strategic Planning Materials from SAD | | 0 | | |
| | Research Evidence Based Strategies | | 0 | | |
| | Match Strategies to Data/Needs | | 0 | | |
| | Write Strategic Plan | | 0 | | |
| | Submit Strategic Plan to SAD | | 0 | | |
| | Receive SAD Comments/Revise/Final Plan | 31-Aug-07 | 0 | | |
| | Other | | 0 | | |

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|------|------------------------------------------------|----------|-------------------|----------------|-------------------|
| E | Implementation (only with SAD approval) | | | | |
| | | | 0 | | |
| | | | | | |
| | | | | | |

F Deliverables and Assurances Reports

| | | | | | |
|----|-----------------------------------------------------------------|-----------|------|--------|----------------------------|
| | For February 1 - April 30 | | | | |
| 1 | May 15: Submit this report to SAD | 15-May-07 | 100% | 15-May | |
| 2 | May 15: Submit Expenditure Report to SAD | 15-May-07 | 100% | 15-May | |
| | For February 1 - June 30 | | | | |
| 3 | July 31: Submit CLI to SAMHSA | 31-Jul-07 | | | |
| | For May 1 - June 30 | | | | |
| 4 | July 31: Submit Expenditure Report to SAD | 31-Jul-07 | | | |
| | For May 1 - September 30 | | | | |
| 5 | October 15: Submit this report o SAD | 15-Oct-07 | | | |
| | For July 1 - September 30 | | | | |
| 6 | October 15: Submit Expenditure Report to SAD | 15-Oct-07 | | | |
| 7 | Complete evaluation agreement with WySAC | 30-Mar-07 | | | |
| 8 | Provide any other evaluation information | | | | |
| 9 | Submit any requested data | | | | |
| 10 | Obtain Chapter 16 Prevention Certification | | | | |
| 11 | On-Site evaluations or reviews | | | | First Site Visit Complete. |
| 12 | Post 2 newspaper ads/articles about the SPF grant (attach copy) | | 100% | 30-Mar | |

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|------|---------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------|----------------|------------------------------------------------------------|
| G | Other Information | | | | |
| 1 | Briefly describe any actions taken by the LEAD AGENCY (fiscal agency) board of directors or high level staff around the SPF SIG grant | | | | No major actions taken around the SPF grant. |
| 2 | Restricted activities (report any approval requested and received for these) fairs/brochures/educational materials media | | 0 0 | | No restricted activities were funded with SPF grant money. |
| 3 | Please note any significant changes from the budget submitted in the application. | | | | No significant changes have occurred. |

